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CEREBRO-SPINAL MENINGITIS, OR SPOTTED FEVER.

By EPHRAIM INGALS, M. D.

How long this disease has been known I am not able to say, but we have accounts of its prevalence in different parts of Europe, at sundry times since the last half of the 16th century. It seems to have made its unwelcome advent on this continent, in Connecticut, during the winter of 1807-8, and in a few years extended itself into several adjoining States. From that time to the present it has been recognized at longer or shorter intervals, and in many localities, but has been especially common during the last few years, occurring over a wide extent of territory, while the novelty of its nature, its severity and frequent fatality, have secured for it the ear-

nest attention of the profession, as is sufficiently attested by the transactions of various medical societies, and the current literature of our medical periodicals. The symptoms vary much in different cases, and yet they are numerous and characteristic enough to relieve the diagnosis from any extraordinary obscurity.

A chill usually gives the first notice of the approaching disease, though this is frequently preceded by great lassitude of both body and mind. The chill is sometimes severe and protracted, sometimes light and transient, and except the case prove speedily fatal, is followed by reaction and fever. There is soreness of the throat, sometimes so slight as not to attract the notice of the patient, until attention is directed to it by the physician. Pain is the most constant and prominent symptom, usually coming early, and sometimes introducing the attack. It may extend to the whole body, or it may be limited to a part, as one or more of the joints of the extremities; or less frequently, it may be confined to the muscular tissue away from the joints. It is liable to be erratic, capriciously leaving one part only to fix itself upon another. It is sometimes light; at others it reaches a degree of indescribable anguish. It is especially likely to locate itself within the head and spine, affecting most the back part of the head and the upper part of the spine.

The sensibility of the skin, too, is often increased in a remarkable degree, and this when there is no pain except on motion or pressure. There may be delirium; and partial paralysis that results in irregular spasmodic muscular contractions is not an uncommon attendant, and this may affect the whole, or only a part of one side of the body. I have not seen paraplegia from it. The muscular contractions are generally clonic, though they may be tonic, and these, when affecting the muscles of the back, occasion the most distressing opisthotonos but I believe this is less frequent than is generally thought. This symptom when present gives the disease a close analogy to tetanus, with which, I suspect, some cases are nearly allied. Spots appear upon the body, but less

uniformly than we might be led to think from this sign having given one of the names to the disease, though I doubt not they are often present when they are not seen, for though they sometimes remain a number of days, they are frequently transient. Their color is occasionally florid, but generally dark, and sometimes the two are intermingled, and in fading away they at times pass into a greenish hue. They may be large and irregular vibices, but oftener are small, petechial, and they may be so numerous as to give to the surface a mottled appearance. They come early in the disease; they are sometimes elevated, but usually not; they do not disappear under pressure, and cut down upon are found to involve the deep layers of the skin, and appear to be occasioned by the escape of blood from the vessels; and in two fatal cases I have seen the hemorrhagic tendency so well pronounced, that blood exuded from the mucous surfaces of the mouth, nasal passages and vagina, caused apparently by a dissolution of this fluid. In some cases vomiting is an early and distressing symptom, seemingly not due to any gastric derangement, but emanating from a morbid impression made upon the nervous system, and if this is protracted and obstinate, I look upon it as of inauspicious significance. The function of the kidneys is apt to be deranged, and for a time there may be less than the normal amount of secretion, and this may be followed by a natural or even copious flow of urine, of a dark color, which, when left to stand until it is cold, frequently gives an abundant, flocculent, pinkish sediment, which disappears again when heat is applied, and which I suppose to be the urate of ammonia. The urine, too, is sometimes tinged with blood. The pulse is soft, perhaps full, but easily compressible, and shatters under the finger as if the artery contained a fluid less cohesive than blood; it is frequently intermittent; it may be rapid or very slow, and I have seen these changes so sudden that there would be a variation of twelve beats in the different quarters of the same minute. The bowels are generally constipated, but sometimes

the reverse; and the appetite and powers of digestion occasionally remain in a remarkable degree, and I have never seen a case where the bowels themselves were the seat of pain. Its symptoms are said sometimes—especially with children—to simulate cholera morbus, but I have seen no such cases. The tongue is moist, and generally, but not always, lightly covered with a whitish coat. The disease is attended with but little fever, nor is there much thirst.

Delirium, followed by coma and profuse cold sweats, are symptoms that awaken the gravest apprehensions. The special senses of sight and hearing are sometimes lost. The diseases for which it is most likely to be mistaken are rheumatism and inflammation of the brain.

Among the most interesting considerations relating to this affection, is the question as to its essential nature—that is, is it inflammatory, or is it not? does it belong to the sthenic or the asthenic type? My own belief is that it first effects the nervous system in such a way as to impair its energy, and that in most cases, the blood speedily becoming involved tends to dissolution; that it belongs to the asthenic type of disease; and that while inflammation of the meninges of the nervous centres sometimes occurs, it is only an infrequent and accidental complication, and is by no means the essence of the malady. I have made no post-mortem examinations, and am therefore obliged to rely for the pathology upon the reports of others, and from conclusions drawn from observing its tendency and progress, and especially of the influence upon it of therapeutical agents.

Few autopsies appear to have been made of those dying of this disease; but fortunately some of these have been conducted with great intelligence and recorded with praiseworthy fidelity. The little work on Spotted Fever, by Elish North, published in 1811, and which contains a very valuable history of the epidemic which prevailed just before that time in New England, gives the result of the examination of five cases. In three of these there was no inflammation, and in the other

two it was slight, and entirely subordinate to pathological conditions of an opposite type.

In the annual volumes of the *American Medical and Philosophical Register*, published from 1810 to 1814, considerable space is given to observations on this disease; or at least to one very nearly akin to it, but in which the weight of the malady fell upon the lungs, more than upon the brain; but no valuable post-mortem examinations are recorded.

Dr. Jewell, in the *American Journal of the Medical Sciences*, for July, 1864, and Dr. Lidell, in the same journal for January, 1865, have given us the most interesting and instructive reports that I have seen. Without too much extending this article by particularizing from these or other sources, I may briefly say that the pathological post-mortem conditions have generally been found as follows. The vessels of the scalp and of the meningies of the nervous centers are abnormally full, while the blood in all parts of the body is dark, fluid and uncoagulable. The substance of the brain is nearly natural; while its ventricles, the sub-arachnoid space, spinal canal, and pericardium generally contain much serum, either clear or sanious. The kidneys are congested; and the same may be said of the lungs, while in their substance blood has been extravasated, and purpuric spots have been noticed on the mesentery.

Any opinion as to its causes would partake much of what is speculative and conjectural. It seems to be of zymotic origin—it prevails most in damp, cold weather, but is not confined to any season, temperature, or known atmospheric conditions. It follows the general law of epidemics, in that it is most fatal on its first appearance, for the reason, I suppose, that the systems most predisposed to receive the poison, and which as a consequence are first attacked, best supply the conditions to develop its virulence. Having the disease once does not protect the system, for I have treated one patient for it in two separate attacks. That it is contagious—but in a less degree than a number of diseases—I have no doubt. In

some cases in which its contagious origin was most clearly indicated, the period of incubation was from ten to fourteen days. Cases occurring in from two to five days after exposure, have always been surrounded by circumstances to make me suspect that the disease was developed from epidemic influences. It has been designated by different names; generally in Europe as thphoid meningitis, but in this country, mostly, by the appellations at the beginning of this article; but with these, it is clear enough from what has been written and said, the profession are little satisfied. Its etiology and pathology are perhaps not well enough understood to enable us to designate it in conformity with its essence and nature, and under such circumstances we should be most fortunate in the adoption of a purely arbitrary name, that should not pretend to indicate the character of the disease. Of the two names under which I have spoken of it, that of Spotted Fever is best—for nothing can be more palpable than that this is in no way descriptive of the disease, for in a large percentage of cases no eruption is observed, and I know of no serious malady that lights up so little fever in the economy, and therefore this has much of the merit of an arbitrary name. It is less easy to justify the use of the term cerebro-spinal meningitis, or palliate the objections against it, for this name seems equally inappropriate, while it embodies the misfortune that it is liable sadly to mislead us in the application of remedies. It fixes the seat of the disease in the cranium and spinal canal, and thus while the patient lives, beyond the scrutiny of our senses, while the last syllable—*itis*—indicates its nature in the most unequivocal manner, and in a way likely to exert a baneful influence on the adoption of a plan of treatment by one not familiar with it, there is no greater reason to conclude that the disease is of an inflammatory type, because of the tendency to serous or sanious effusion, than that the pathological condition to which cholera is due is inflammation of the bowels.

The prognosis will depend much upon the character of the

prevailing epidemic, for some are much more fatal than others; but it should always be cautious, for the symptoms occasionally assume a sudden and unexpected virulence—but while it is cautious, it should at the same time be hopeful, for sometimes the patient steps back from the very embrace of the grave.

The question of treatment—the most practical and important of all—remains to be considered. I rely in this, as in most other diseases, on a small number of remedies; but I think success depends very much on the manner in which these are used, but perhaps as much on the treatment we omit as on that we apply. The chill requires to be treated, as all initial chills should be, by heat, internally and externally, and the use of gentle stimulants to bring about speedy reaction. When pain is severe, it should be subdued, and for this purpose no remedy approaches opium in power and usefulness. I am disposed to think that upon these cases opium has some specific influence beyond its power of controlling pain. Its superior value above every other remedy is attested by the best observers in all epidemics of the disease, both in this country and in Europe. If, however, with severe pain in the head, there should be great heat, the countenance suffused, the pulse not only full, but strong, then we might fear an inflammatory tendency and withhold the opium, or use it with caution. Ordinarily it should be pushed until the desired effect is obtained, and this will generally require large and repeated doses, partly in consequence of the severe pain neutralizing to some extent the natural action of the remedy, and partly perhaps because it may be curative as an antidote, and therefore is required in quantity proportionate to the morbid influence to which the particular case is due. Sulphate of Morphia, or its equivalent of any other opiate, may be given in the dose of one-fourth or one-half a grain, at intervals of from one to six hours, according to the degree of pain and the effect of the remedy. Rubefacients and epispastics are most important adjuvants in overcoming the

pain, while they also exert a beneficial influence as stimulants. They do most good applied upon the spine and nape of the neck. For the local muscular pains, Prof. Allen recommends the hypodermic opiate injection, from which I should expect an excellent effect, but have never verified this by experience. Upon the first indications of a decline of the vital powers, as shown by the flagging of the circulation, the pulse being weak, compressible, rapid or intermittent; a tendency to profuse perspiration; a blunting of the mental faculties, or loss of the special senses; then alcoholic stimulants should be pressed with the same vigor and diligence as the opium has been, and as in the use of this article, these should be given until their effects are shown in the abatement of the symptoms just enumerated, when the pulse will be firmer and more natural, the heat of the surface greater, the perspiration less, while the faculties of the mind will be aroused.

As to alcoholic stimulants, the practitioner should exercise the most sleepless vigilance. It is better to use them in advance, than to wait the establishment of the evidences of depression. They should always be administered as a precautionary measure, whenever they may be with safety. They should be given if they do no harm; and herein I would violate what I think should be a general rule, namely: to withhold medicines that are not clearly demanded; believing in general that in this particular, omission is less likely to be an error than commission. Wines are the best stimulants; and of these, Sherry, Madeira and Champagne are to be preferred; while the distilled liquors, brandy and whisky, are excellent when they agree with the stomach, and are readily absorbed. I have said that the quantity to be administered must depend upon the effect produced, and therefore, until the desired effects are obtained, I would have the stomach constantly supplied to the limit of its capacity of absorption. Some suppose they are stimulating such cases when they administer a teaspoonful or tablespoonful of wine

or brandy every hour. Many times this is little better than to do nothing. Good care too must be taken not to discontinue the remedy too soon, for the patient must be constantly watched and carefully supported until the vital powers are re-established.

To accomplish these results, large quantities of stimulants may be required. Dr. Wilson, as quoted in North's work, found a patient to improve on the use of one pint of wine in an hour, to decline when it was withheld, and rapidly to improve when it was again freely administered. Dr. Smith "sometimes allowed his patients two bottles of Madeira in the day; and in one instance the patient took two bottles of port in little more than half that time." Dr. Bestor gave "two quarts of brandy and one quart of wine in twenty-four hours, besides twenty drops of tinct. of opium once in two hours." Drs. Haskell, Spooner and Holmes "gave to a girl twenty years old one quart of brandy and twenty grains of good Turkey opium in twelve hours, besides external stimulants." Dr. Strong "gave one quart of brandy in eight hours to a delicate female, and a grain and a half opium every two hours, and a very liberal use of brandy and opium was found necessary for a number of days, and should we mention the quantity which she actually took, our account would hardly gain credit." Dr. Lyman, in seven hours, "gave one pint and a half of wine, two ounces of brandy and other stimulants."

I have quoted thus lengthily to show to what extent these remedies may, under certain circumstances, be carried with advantage; and it is noticed that they do not occasion intoxication. Such teachings, of course, would apply only to extreme cases, and not to many milder ones which tend to speedy recovery and demand but little treatment. If the extremities are cold, they should be made warm, and for this purpose dry heat is easiest of application and best for the patient. Bottles filled with hot water and enveloped in cloths are the most convenient means. I dislike much sweating, on account of its cooling tendency, while it increases the weakness of which it is a symptom. It is better that the surface

should be at a pretty high temperature, and dry. If there is great heat of the head, apply cold, but beware of too much reducing its temperature, for this favors effusion, which is a circumstance the most to be dreaded.

For the vomiting, opium, ether and camphor are the best remedies. Associated with the means above enumerated, I have administered the bicarbonate of potash in the dose of ten or fifteen grains, every four or six hours, until from four to eight drams are taken, and I think with advantage. It at least has the merit of being harmless—notwithstanding the theoretical notions of some about the action of such remedies upon the blood.

The bitter tonics are useful, but have no specific control of the disease; they only lend some support. Cinchona, gentian and calumba are the best. I am afraid to use the sulph. of quinine, except as a tonic, in the dose of $\frac{1}{2}$ to 1 gr., and then it is not so good as the fluid extract, or tinct. of cinchona, or other of the bitter tonics. I know that recoveries have followed its use in large doses; but so far as I have seen, the cerebral symptoms are aggravated by its use in this manner. I have said it is quite as important to know what to avoid as what to do. Above all things use no depletion. I perhaps do not need to caution against drawing blood; for it is not now the fashion to bleed even in inflammatory and plethoric diseases. I do not think we bleed enough, for the pendulum of custom and habit, in its vibration through its arc, has reached the extremity of absolute prohibition. If this disease was what some suppose it to be, then bleeding would be judicious practice; but it is not, and nothing is more destructive than to loose blood. This was soon found out in the epidemics fifty years ago, when bleeding being in vogue, many tried it, and found their patients to sink with appalling certainty and rapidity. Among all who have written, I have seen hardly a conflict of opinion about this. Blood then should neither be drawn by the lancet nor leeches.

This might well teach us caution in the use of depletion in the mode that the present has more generally substituted for

the lancet of the past—that is by cathartics. If the disease is not inflammatory; if it is not of the sthenic type; if it does not require depletion, then I know not upon what principle we should use cathartics, except as eliminatives; and observation, so far from confirming their utility, would teach us caution in their administration. If the secretions into the bowels are offensive, then they should be removed by the most gentle laxatives; but if they are not and the bowels seem healthy, leave them alone. If the appetite remains, as it sometimes does, give good food; and in any event, nourish the system as well as the organs of digestion will permit, and animal food is usually best.

No disease requires such vigilant watchfulness; for a few hours will precipitate from the brightest hope to trembling anxiety or the deepest despair. Some supposing it to be due to a blood poison, are moved by theoretical considerations to rely upon chemical antidotes to the *materius morbi*; but theories do so much to blind the perception and mislead the judgment that they should be followed with distrust, unless unbiased observations of the effects of remedies confirm the truth of their teachings.

GUN-SHOT WOUND THROUGH THE HEART.

A THESIS FOR THE DEGREE OF DOCTOR OF MEDICINE, PRESENTED TO THE FACULTY OF RUSH MEDICAL COLLEGE, JANUARY 25TH, 1865.

By W. ELLERY BOWMAN.

Under this somewhat startling heading, I shall devote the following pages to the report of a case which happened to be placed within my observation, and which I watched throughout with the greatest interest; and although in pursuing this course I have perhaps deviated from the ordinary custom, I trust an account of the case will be not unacceptable to the

Faculty of Rush Medical College, and if the paper have any merits, brevity shall, at least, be one of them.

On the 8th of Sept., 1864, about 8 o'clock P. M., in the town of Quincy, Ills., ———, a soldier, aged 28, and apparently healthy, while in a difficulty with a citizen had several wounds inflicted upon him by pistol shots.

My preceptor, who was in charge of one of the Military Hospitals in that place, being summoned, I was allowed to accompany him.

The patient, who had by this time been taken into a house, was evidently laboring under severe shock. The skin was deadly pale, and covered with a profuse cold sweat. The features were contracted and shrunk, and the countenance wore an expression of great anxiety and pain. The pupils were widely dilated. The pulse was absent at the wrist; and on applying the ear over the heart, its action was found to be very feeble and irregular. The respiration was slow and labored, with occasional sighing.

Consciousness was not entirely lost, for the patient complained frequently of an intense burning pain, which he referred to the right lung; and asked to be placed in various positions—that on the left side being most comfortable.

There was intense and unquenchable thirst. Stimulants, as brandy, carbonate of ammonia, etc., were administered, with small quantities of ice water, to allay thirst. Under this treatment the pulse became at times faintly perceptible, but as often disappeared. As soon as arrangements could be made, the man was carried on a litter to the hospital and placed in bed.

On examination, it was found that three balls had taken effect; one passing through the lower border of the anterior wall of the right axillary space, inflicting an insignificant wound; another entering the throat two inches externally to the inferior angle of the right scapula, having perforated the eighth rib; while the third had taken effect upon the left lateral aspect of the abdomen, midway between the last rib

and the crest of the ilium, and passed transversely inwards. From the great depression present, and the direction of the wound in the chest, it was feared that the heart had been injured. Vomiting now occurred; at the end of which, a little bright red blood appeared, not mixed with ejecta. Morphia was given in full doses to allay pain.

On account of dyspnœa in the horizontal position, it became necessary to place the patient in a semi-sitting posture, whereby he was enabled to breathe more freely. By the continuous use of stimulants, frictions and warmth, some degree of reaction was obtained. The pulse returned at the wrist and became stronger, though yet exceedingly weak; warmth came back to the surface, and the skin became dryer. These favorable symptoms, however, did not last. The patient vomited everything given him, both food and medicine.

In a few hours the skin again became cold, the pulse more feeble, and prostration again ensued. Dyspnœa was urgent, and blood, in small quantities, was frequently expectorated. The pain in the right side of the chest was severe and burning, and there was crepitation in the right lung, with some dullness on percussion. The thirst remained unabated, and seemed utterly unquenchable by any means that could be used. There had been no external hemorrhage, excepting from the wound in the chest, and from this the bleeding had been inconsiderable. The day and succeeding night wore away without any observable change in the symptoms for better or worse.

The next morning (the 10th) nature made a last, desperate attempt to throw off the load under which she now began to stagger. But the reaction in this instance was even more imperfect than the first, and depression quickly reasserted its sway. The powers of life were now failing perceptibly. Breathing was more difficult, and could only be performed in the sitting posture. The skin assumed a somewhat livid hue, from imperfect æration of the blood, and felt cold and clammy

to the touch. There was vomiting of stercoraceous matter, mixed with some blood, which had probably been brought up from the air passages and swallowed. There was a bulging of the lower part of the chest, in front and on the right side, with dullness on percussion over the right lung, and also over an unnatural extent in the præcordia.

The signs of engorgement were present in the left lung, as revealed by auscultation; and the sounds of the heart were so faint as to be heard with difficulty. During this day, sensibility seemed almost completely lost. But little complaint was made of pain, and involuntary and unconscious evacuations from the bowels took place.

At seven o'clock P. M. of Sept. 10th, the patient quietly breathed his last, after having survived the reception of his injuries forty-seven hours.

A post-mortem examination, instituted the next A. M., revealed the following:

A probe passed into the wound, which has been described as situated two inches externally to the inferior angle of the right scapula, took a direction diagonally across the thoracic cavity, from behind forwards and to the left, in a line with the position of the heart. On opening the thorax, both pleuræ were found to contain blood; the right, about $f\frac{3}{4}$ xvj, and the left a smaller quantity, probably half as much. Both lungs were engorged, and in the track of the bullet through the right lung were numerous spicula of bone from the fractured rib.

The pericardium was moderately distended with blood, portions of which had probably escaped into the pleural cavities through the apertures made by the passing ball. After traversing the right lung, the ball had entered the pericardium, and perforating the left auricle of the heart at its upper and back part, passed across the cavity, pierced the anterior segment of the mitral valve, and reaching the anterior wall of the left ventricle, passed through this at about its middle. Then escaping from the pericardial sac, it could be traced no

further. There was no mark of it on the wall of the chest, in the line of its course. It was not in the bottom of the pleural cavity, where it might have fallen after its force was expended. It might have lodged in that part of the left lung which overlaps the heart in front, and the lung collapsing when the chest was laid open, the relations of the parts to each other were so altered that in the haste with which the examination was necessarily conducted this fact was overlooked.

Opposite the wound in the left side of the abdomen an opening was found in the descending colon. As there was no perforation of the opposite side of the intestine, it was evident that the ball had dropped into the bowel; and the whole length of the large intestine was searched for the missile, but without success. It had most likely passed out with the dejections and thus escaped observation.

The extreme depression which the case had exhibited was now readily explained. It was really wonderful that vitality had been sustained so long. The man had lived two days with a bullet wound traversing his heart completely. Judging from the wounds, however, the ball was of small size, and had passed through the organ in a line more nearly parallel with its longitudinal than its transverse diameter, thereby inflicting less injury than it would had it passed transversely. As it was, death seemed to result not so much from the lesion of the heart as from apnœa, occasioned by hemorrhage into the pleuræ and lung. The mode of death was apparently a combination of apnœa and asthenia; the breathing becoming more difficult in proportion as the pleuræ became filled with blood; and the paralyzed and bleeding heart struggling on until fatally embraced by the accumulating "life fluid" (now turned a destroyer) in the cavity of the pericardium.

SELECTED.

**ON THE TREATMENT OF PNEUMONIA BY
RESTORATIVES.**

By JOHN HUGHES BENNETT, M. D.

Observing that an effort is being made to restore the dangerous practice of bleeding in pneumonia, it will not be uninteresting to review the results of my experience regarding that disease in the Royal Infirmary of Edinburgh; the more so as the treatment I have pursued is not only most satisfactory, but the result is demonstrated by a series of recorded facts, the accuracy of which will, I think, not be disputed.

Between the 1st of October, 1848, and the 31st of January, 1865, I have been on active duty in the Royal Infirmary seventy-five months, or a computed period of six years and a quarter. During this period I have treated 129 cases of acute pneumonia. Of these, 105 were uncomplicated, and all recovered, although many of them were very severe, involving the whole of one lung in 15, and portions of both in 26 cases. Amongst the 24 complicated cases were 4 deaths: 2 from supervening meningitis, 1 from chronic Bright's disease, and 1 from extensive ulceration of the intestines. Every case has been treated publicly, and is open for inspection in the ward books; and the tabular view of the whole—commenced by Dr. Glen, my former resident physician—has been completed by the labors of Drs. Smart, Buckworth, and Macdonald, my resident physicians for 1863, 1864 and 1865. To these gentlemen I am much indebted for the pains they have taken in determining the following results, the accuracy of which is guaranteed by each of them having revised the facts in succession.

In the four fatal cases, death was evidently caused by complications independent of the pneumonia. To arrive at true statistics with regard to treatment, therefore, it becomes

necessary to eliminate them, and to fix our attention on the one hundred and twenty-five cases which recovered.

Sex.—Of the one hundred and twenty-five cases, eighty-five were males and forty were females.

Age.—The average age of the males was $31\frac{1}{2}$ years. The average age of the females, $28\frac{1}{2}$ years. The average age of both, $30\frac{1}{2}$ years. Between the ages five and fifteen years was one case—a girl; between ten and twenty years, twenty-nine cases—twelve females; between twenty and thirty years, thirty-five cases—eleven females; between thirty and forty years, twenty-three cases—six females; between fifty and sixty years, eleven cases—one female; between sixty and seventy years, one case—a female; and between seventy and eighty years, one case—a female.

Simple or uncomplicated Pneumonia.—Of the one hundred and twenty-five cases, there were one hundred and five simple or uncomplicated, and twenty complicated. Of the former, there were seventy-four males and thirty-one females. Seventy-nine were single and twenty-six double cases. Of these I find that the clerk has omitted to state either the exact day of rigor or of convalescence in six, so that no conclusion can be derived from them as to the duration of the disease. Of the remaining ninety-nine cases, seventy-three were single and twenty-six double. The duration of the disease in the seventy-three cases of single uncomplicated pneumonia, counting from the occurrence of rigor to the commencement of convalescence, was as follows: two cases recovered in five days, four cases in seven days, five cases in eight days, two cases in nine days, eight cases in ten days, seven cases in eleven days, seven cases in twelve days, four cases in thirteen days, thirteen cases in fourteen days, two cases in fifteen days, three cases in sixteen days, three cases in seventeen days, three cases in eighteen days, one case in nineteen days, two cases in twenty days, three cases in twenty-one days, one case in twenty-two days, two cases in twenty-three days, and one case in twenty-six days; the average duration, 13 2-7 days. The duration of the disease in the twenty-six cases of double uncomplicated pneumonia, counting from the occurrence of the rigor to the commencement of convalescence, was as follows: two cases recovered in eight days, one case in nine days, two cases in ten days, two cases in eleven days, one case in twelve days, one case in thirteen days, four cases in fourteen days, one case in fifteen days, two cases in sixteen days, two cases in eighteen days, two cases in

nineteen days, one case in twenty days, three cases in twenty-one days, one case in twenty-seven days, and one case in fifty-five days; the average duration, $16\frac{1}{2}$ days.

Of the one hundred and five simple or uncomplicated cases, there were nine bled by venesection and subjected to an antiphlogistic treatment before or immediately upon admission, before I saw them. The amount of blood extracted varied from twelve to thirty-six ounces; the latter in two bleedings. The duration of one case is not stated. Of the remaining eight cases, the duration was as follows: one case recovered in seven days, two cases in fourteen days, one case in sixteen days, one case in seventeen days, one case in twenty days, one case in twenty-seven days, and one case in fifty five days; the average duration was $21\frac{1}{2}$ days.

The average duration of residence in hospital of the single uncomplicated cases of pneumonia—excluding two cases in which the date of dismissal is omitted, making seventy-seven cases—was 21 2-7 days: for the males (fifty-two), 18 3-5 days; and for the females (twenty-five), 27 1-5 days. Of the twenty-six double uncomplicated cases, the average duration of residence in hospital was 23 3-5 days: of the males (twenty), 23 17-20 days; of the females (six), $22\frac{2}{3}$ days. The average duration of residence in hospital of eight cases bled by venesection early in the disease (the ninth case being excluded in consequence of the day of dismissal not being entered in the case-book) was thirty-two days.

Complicated Cases of Pneumonia.—Of the twenty complicated cases of pneumonia, sixteen were single and four double. Of the sixteen single complicated cases the duration of the disease cannot be determined in three. Of the remaining thirteen, the duration was as follows: One case recovered in seven days, two cases in nine days, one case in ten days, one case in twelve days, two cases in fourteen days, one case in fifteen days, two cases in sixteen days, two cases in nineteen days, and one case in forty-eight days; the average duration, sixteen days. Of the four double cases of complicated pneumonia, one case recovered in nine days, one case in fourteen days, one case in fourteen days, one case in fifteen days, and one case in eighteen days; the average duration, fourteen days.

The extent of pulmonary tissue involved in the pneumonia was carefully determined in each case, and the average duration of the disease in the ninety-five single cases, deducting the unsatisfactory ones, counting from the rigor to the com-

mencement of convalescence, was as follows: One-quarter of the lung (two cases), average duration $8\frac{1}{2}$ days; one-third of the lung (twelve cases), 12 days; one-half of the lung (twenty-five cases), $15\frac{1}{2}$ days; two-thirds of the lung (thirty-four cases), 14 days; three-fourths of the lung (six cases), $14\frac{1}{2}$ days; four-fifths of the lung (one case), 12 days; the whole lung (fifteen cases), $10\frac{1}{2}$ days. Of these ninety-five cases, the right lung was affected in fifty-eight, the left lung in thirty-seven. Among these ninety-five cases also, the pneumonia was confined to the upper lobe in eleven cases, or nearly one in nine of the whole; and the average duration of the disease in these was thirteen days, and of their residence in the hospital fourteen and a half days.

A careful study of the preceding facts will, I think, tend to establish some new truths and correct several prevailing errors with regard to pneumonia. I must remind those, however, who may yet be sceptical as to the value of a restorative treatment, and imagine that some of these cases might not have been pneumonia at all, that they were all diagnosed and treated publicly in the Royal Infirmary; were all examined, not only by myself, but by intelligent clerks and assistants; and were all made the subject of clinical lectures and commentaries at the bedside. There is, therefore, the positive certainty, not only that every one of these cases was a genuine case of pneumonia, but that no other cases of the disease but what are tabulated were treated by me during the period referred to. It should be explained, however, that a few cases were partly treated by my colleagues, either before I assumed duty or after I left it, in the too frequent rotations which occur among the clinical professors in this University. Such cases are not inserted. It is also necessary to point out that two or three cases brought into the house by the police in an exhausted condition died before I saw them, and are also not inserted. It is the more important to refer to such occurrences, because they serve to account for the differences which must always exist between general hospital and clinical statistics. Every hospital physician must be aware that the general records of the house afford no index whatever to the number of cases of acute pneumonia treated clinically, comprehending as they do not only consecutive, latent, and chronic pneumonias which have entered in a dying condition and have not been treated at all.

1. The first great fact which the preceding figures serve to establish is, that a simple primary pneumonia, whether

single or double, if treated by the restorative plan is not a fatal disease. Surely one hundred and five cases, of which twenty-six were double, are sufficient to establish this proposition, especially when it is considered that they were diffused over sixteen years, and occurred in all seasons. Amongst these, also, the whole of one lung was involved in no less than fifteen cases, and the symptoms in many of them were exceedingly severe. Neither will any theory as to strength of constitution or change of type in disease explain the result, as several of the cases were those of healthy, vigorous young laborers, whilst others were those of weak and broken-down seamstresses. In any and every case the disease appears to go through its natural progress so long as the body is not too much exhausted, and the physician as early as possible supports it by nutrients and restoratives.

2. As a general rule, prostration and weakening complications or remedies, not only materially lengthen the period of the disease, but especially prolong the convalescence. It is easily understood, therefore, how it happened that the antiphlogistic treatment of former days proved so fatal. The facts collected for me by Dr. Thorburn, from former case-books of the Royal Infirmary, prove that in weak cases a lowering treatment was still employed, though not perhaps to so great an extent as in robust persons.

3. It is generally supposed that the extent of the disease and the amount of lung affected must influence the result and duration of the disease. As to the result, all my cases recovered, even the fifteen cases where the whole of the lung was involved, as well as the twenty six cases where portions of both lungs were affected. In one complicated case, the whole lung on the right side, and two-thirds of the lung on the left side, were simultaneously affected, thus leaving only one-third of a lung to respire with; and yet, without bleeding, and with the aid of nutrients and restoratives, she was convalescent on the fourteenth day, and left the house quite well after a sixteen days' residence. With regard to duration, the extent of the disease does not exert so much influence as is generally supposed. If only a fourth of one lung be affected, the recovery may take place in eight days; but after that, whether the half or the whole of one lung, or two-thirds of both lungs be affected, it does not appear to cause much difference. Cases with half a lung pneumonic recovered in fifteen, with two-thirds of a lung in fourteen, with a whole lung in ten, and with portions of both lungs in fourteen days on the average.

4. Since the observations of Louis, it has been supposed that a pneumonia at the apex of a lung was more fatal and more prolonged than one at the base; and so it may be with an antiphlogistic treatment. But, with a restorative treatment, the preceding facts show that in eleven cases where the disease was confined to the apex, recovery took place in all, on an average, on the thirteenth day.

5. As means of palliating symptoms, and especially pain and dyspnoea, warm fomentations and poultices I believe to be the best and safest. Chloroform has been given by Varentrapp and others with good effect. No doubt also small bleedings, to the extent of eight or twelve ounces, give relief; but in debilitated persons are dangerous, and in all tend, by weakening the strength at a period when the depressed system is struggling to regain its equilibrium, to prolong the convalescence and favor dangerous sequelæ. Still a small bleeding may be employed as a palliative, with caution, to relieve engorgement of the lungs and congestion of the right side of the heart, although it is very rarely required. It should be remembered, in cases of double pneumonia, that there is often great dyspnoea on the sixth or seventh day, which will generally yield to warm poultices locally, and moderate doses of wine.

6. As a curative treatment, I am satisfied that the best plan is rest in bed, nutritive drinks, especially good beef-tea, from the first, assisted by port wine—from four to eight ounces—if the pulse become weak, and solid nutrients as soon as they can be taken. The elimination of the exudation may be further assisted by salines (acetate of ammonia and small doses of tartar emetic—one sixteenth of a grain) and diuretics (nitric ether), although nature will accomplish this herself if the strength of the body be maintained. All active purgatives, contra-stimulants, depressants, anodynes, and lowering remedies of every description should be avoided.

After carefully studying all that has been written on the subject of pneumonia, as well as the numerous statistical tables of the results of various kinds of practice, I can only account for the remarkable success which has followed the restorative treatment in my hands by supposing that acute pneumonia is not a fatal disease, if the strength be supported and there be no complication. The former idea of medical practitioners, that it was a dangerous disorder, and required active depletion and antiphlogistics to prevent its passing into suppurative or fatal stage, was erroneous, and the result

of the imperfect knowledge of pathology which then existed. Suppuration, so far from being fatal, is, as we have endeavored to show, necessary to the resolution of the disease; and a fatal result, so far from being avoided, was produced to the extent of one in every three cases. The late Dr. Todd, while he supported, also stimulated to a great extent, and the result of his practice was a mortality of one in nine cases. In not one of my uncomplicated cases has there, I repeat, been a death for sixteen years, although twenty-six were double cases, and fifteen were cases in which the whole lung was involved. Why, therefore, any such case should have died in the practice of Dr. Todd, I can only ascribe to unnecessary stimulation, as that seems to be only point in which his practice differed from it.

In an able article in the *British and Foreign Medico-Chirurgical Review* for July, 1858, it was endeavored to be shown, from the contrary results obtained by statistics, that the result was governed by hygienic laws or peculiarities such as age, season, climate, etc. I consider that my cases prove the fallacy of such reasoning; and that, looking at the time over which they extend, as well as all the other circumstances which are adverted to, it might easily be shown that the uniform good results in my uncomplicated cases depend on some other cause. That cause, I can have no doubt, is simply supporting the patient by nutrients and restoratives from the commencement. It is the want of that support which explains mortality in the practice of those who, while they do not actually lower their patients, fail to see that, in a certain proportion of cases, either the disease itself or excessive stimulation exhausts and proves fatal.

The facts on which, what appear to me these important conclusions rest, I hope to lay before the profession ere long in a more extended form.

SMOKING AS A CAUSE OF FATTY HEART.

Dr. Henry Kennedy, in a paper read before the Surgical Society of Ireland, on fatty heart, makes the following observations on the influence of tobacco-smoking in its production:

"I must notice one (cause of this disease) which has year after year been gradually forcing itself upon my attention,

till it has now reached the strongest conviction in my mind—I mean the habit of smoking, which, I believe, I have traced in many instances to have been the predisposing cause of the disease. No one is more aware than myself of the difficulties which beset a question of this sort, nor the great opposition which, for obvious reasons, it is likely to meet. Still, the opinion has not been taken up hastily, nor, as I think, without such proof as the subject admits of. All will recollect that within a very few years a great paper war was carried on in the pages of the *Lancet* on the effects of tobacco, and the opinions expressed were sufficiently contradictory. Amongst them all, however, I did not observe one point noticed which seems to my mind of great importance in this question. It is the fact that any one, no matter what his temperament may be, gets out of health, so that the powers of his system are lowered, he must then either lessen his smoking or give it up entirely. I have met no exception to this statement, which every one may test for themselves—as, for instance, in cases of paralysis, no matter how slight they may be. From the fact, however, I conclude that tobacco, besides other effects, is a depressor on the nervous system, and that there is a constant antagonism going on between it and the healthy state of the constitution, and when used too freely it ultimately engenders a state of health which is very apt to be followed by a fatty heart. At any rate, whatever the explanation be, the fact is as stated above, and I have seen now too many cases of fatty heart, in what are called heavy smokers, to have any doubt on the matter.

“This day, 4th March, a case which strongly confirms some of the remarks just made came under my notice, and for the third time. The patient, aged 34, is a man of full height, made in the very finest proportions, and remarkable, or at least was, for great physical strength and activity. He has always been strictly temperate as regards strong drink, but is the heaviest smoker I recollect to have met. About three months since he began, and without any cause he could discover, to lose flesh and strength very rapidly, and his wind as he called it, became so short that he was compelled to give up active exercise. He now looked pale and depressed, having had a cold, which he found it hard to shake off. He told me he had, at my wish, twice tried active exercise since I last saw him. On the first trial he got through it but badly; on the second he was forced to give it up, as his breathing became so hurried and his heart beat so violently. It seems

scarcely necessary to add that he had been driven to give up his darling tobacco.

"Except the pulse, there is nothing in this case to indicate disease. The two sounds of the heart are distinct and unattended by murmur. There is no increase of dull sound on percussion, nor can I say that the impulse varies from health. Whilst he sits, however, the pulse beats but forty eight in the minute, and it was just the same from the first time I saw him. It is large and full to the finger, under which it passes slowly, and is readily compressed. Any movement at once increases the beats, and more than occurs in a healthy state.

"Now, in this case I have scarcely a doubt that the heart has become fatty, and most probably in the worst form: I mean where the muscle itself has degenerated. Yet, he tells me, he passed a physician and had his life insured just five months since!"—*Dublin Medical Press.*

PERMANGANATE OF POTASH AS A REMEDY FOR DIPHTHERIA.

By LOUIS MACKALL, Jr., M. D., Georgetown, D. C.

Having used for several months past the permanganate of potash as a remedy for diphtheria, and being convinced of its great efficacy, I feel justified in calling the attention of the profession to the use of this agent in this fatal and hitherto unmanageable disease.

After using faithfully all the remedies both general and local which have been extolled for the cure of diphtheria, and having seen so little good result from their use, I had lost in a great measure all faith in such remedies, and had come to the conclusion that the best treatment was to support the patient with nourishment and the free use of stimulants. On reading, in the January number of the *American Journal*, an article by Dr. Samuel Jackson, on the therapeutical application of a solution of the permanganate of potash and of ozone, it occurred to me that this agent might be beneficial in the treatment of diphtheria. Shortly afterwards I had an opportunity of making a trial of it in a severe case. A young girl about eleven years of age was seen by me after

being sick several days. The tonsils, soft palate and fauces were covered with an ash-colored deposit; the glands beneath the jaw were much swollen, with frequent pulse and hot skin; she was treated for several days with chlorate of potash and the tincture of the chloride of iron. Muriatic acid and tincture of iron in equal parts, were applied locally. But finding the disease on the increase, I changed this treatment and used the permanganate of potash, both internally and as a local application, the latter in the proportion of 3j to water Oj. She took a teaspoonful every three hours of the strength of 3j to water Oiss. On the second day after commencing this treatment, the improvement was very marked, and she speedily recovered. The false membrane was detached and the mucous membrane presented a healthy appearance in three or four days.

Since then I have treated all the cases of diphtheria (some fourteen or fifteen) which I have seen with this agent, and am more and more convinced with every case, that we have in the permanganate a most valuable remedy. Such is my faith in its power to arrest the extension of the pseudo-membranous formation, and to remove it when formed, that I now feel little apprehension in any case if called to see the patient before the disease has extended to the larynx or paralysis has occurred. Indeed, in those almost hopeless cases in which it is evident that the disease has reached the larynx, as shown by suppressed cough and voice with paroxysms of intense dyspnoea, I have seen under its use three children recover. With a considerable experience in the disease, I had previously known only one child to recover under similar circumstances. These three cases were all of the most unfavorable character; the membranous formation was abundant; the laryngeal symptoms very distressing. In all of the cases I expressed a very gloomy prognosis, as all similar cases with the one exception above mentioned had proved speedily fatal. In these cases I also used emetics, but I think the successful result should be attributed to the permanganate, as I had used emetics in all such cases before without benefit.

When the disease has extended beyond the reach of this remedy locally applied, of course a successful result could not reasonably be expected from its use; but I believe that with this agent we can prevent diphtheria from progressing to a fatal termination, provided the cases can be attended to before the larynx becomes involved.

It tendency to attack the mucous membrane of the pharynx

prior to its extension to the larynx is characteristic of diphtheria, and I feel assured from my experience that if the permanganate of potash is used in this stage, that it will not only control its further development but will speedily remove all traces of the disease by restoring the mucous membrane of the throat to a healthy state.

The inferences that it is intended should be drawn from the foregoing remarks are: that if diphtheria arises from a specific cause affecting the whole system, then the permanganate of potash may be regarded as the antidote to this poison; or if the fatal tendency is thought to be caused by or to be dependent on the local affection of the throat, then the local affection may be removed and the fatal tendency may be obviated by the use of this remedy.

It may be well to state that I have never seen any unpleasant effect from the use of the permanganate even when administered to young infants (the solution should be weakened by increasing the quantity of water to Oij to permanganate ʒj in very young children); and I have observed that when locally applied it causes less distress than almost any other remedy.

Georgetown, D. C., Oct. 22d, 1864.

PERMANGANATE OF POTASH IN GONORRHŒA.

Dr. J. G. Rich, of Beachville, Canada West, states (*Canada Lancet*, July 15, 1864,) that he has frequently employed, during the past two years, the permanganate of potash as an injection for gonorrhœa, and with the most satisfactory results, in some cases having effected a cure in forty-eight hours.

His usual mode of treatment is as follows: "℞—Potassæ bitart. ʒj; Podophyllin, gr. j.—M. In chart. No. IV. divid. S. One every two hours until free catharsis is produced.

"After which, ℞—Potassæ permangan. gr. vj; Aquæ fontan. ʒj.—M. S. To be used as an injection three times a day.

"I direct at the same time the free employment of mucilaginous drinks, as althæa, ulmus, acacia, etc., and put the patient upon a non-stimulating regimen.

"Out of sixty-four registered cases this treatment has failed in but two instances. And I find that recent attacks usually

become arrested by it after from three to six injections. I have found it advisable to continue the demulcents for at least a week after the cessation of the discharge. In none of all these cases was the injection continued after the fourth day.

"When accompanied by chordee, I usually employ the following: \mathcal{R} —Lupulin, \mathfrak{Dj} ; Mice panis, q. s.— \mathcal{M} . Ft. mass. in pilulus xvi, dividenda. S. Two, three, or four on going to bed."

PERSULPHATE OF IRON IN HEMORRHOIDS.

Dr. Geo. S. Cartwright, Asst. Surg. U. S. V., highly extols (*Cincinnati Lancet and Observer*, May, 1864,) the efficacy of the persulphate of iron employed as an ointment in the treatment of hemorrhoids. It is especially beneficial, he states, in ulcerated hemorrhoids; or in those whose constitutions are debilitated from diarrhœa, long marches, and excessive fatigue of any kind.

Of several cases which he relates illustrative of the advantages of this remedy, we select the following:

"Major —, U. S. A., of full habit, has been the subject of slight hemorrhoids for several years. For the last twelve months, has been obliged to travel a greater part of the time in a rough vehicle. Applied to me December 5th, 1863. On examination, found a small tumor, external to the sphincter, about the size of a large pea; when at stool it would protrude to the size of a small walnut, and would with difficulty be returned.

"*Treatment*.—Lead water freely applied to the part, and \mathcal{R} ferri persulphas \mathfrak{Zss} ., cerate simplex \mathfrak{Zj} . Rub well together and apply on retiring at night. The effect of the persulphas was almost immediate, relieving pain and cauterizing the part.

"I would state that he had previously used ointment of galls, tannin, opium, etc., with only a temporary relief. The effect of the persulphas is permanent, and in the above case he was able to ride on horseback, or take active exercise, within two weeks after commencing the use of the iron, without the least inconvenience. It is now two months since he first commenced the use of it and has not had any return since."

Dr. C. sometimes employs the ointment with double the proportion of the persulphate used in this case.

HINTS FOR THE TRAVELING SEASON.

At this season many persons contemplate traveling; to do so with the largest amount of comfort and advantage, physical, social, and mental, the following suggestions are made:

Take one-fourth more money than your actual estimated expenses.

Acquaint yourself with the geography of the route and region of travel.

Have a good supply of small change, and have no bill or piece higher than ten dollars, that you may not take counterfeited change.

So arrange as to have but a single article of luggage to look after.

Dress substantially; better to be too hot for two or three hours at noon, than to be too cool for the remainder of the twenty-four.

Arrange, under all circumstances, to be at the place of starting fifteen or twenty minutes before the time, thus allowing for unavoidable or anticipated detention on the way.

Do not commence a day's travel before breakfast, even if that has to be eaten at daylight. Dinner or supper, or both, can be more healthfully dispensed with than a good warm breakfast.

Put your purse and watch in your vest-pocket, and all under your pillow, and will not be likely to leave either.

The most if not secure fastening of your chamber-door, is a common bolt on the inside; if there is none, lock the door, turn the key so that it can be drawn partly out, and put the wash-basin under it; thus, any attempt to use a jimmy or put in another key, will push it out, and cause a racket among the crockery, which will be pretty certain to rouse the sleeper and rout the robber.

A sixpenny sandwich eaten leisurely, in the cars, is better for you than a dollar dinner bolted at a "station."

Take with you a month's supply of patience, and always thirteen times before you reply once to any supposed rudeness or insult, or inattention.

Do not suppose yourself specially and designedly neglected, if waiters at hotels do not bring what you call for in double quick time; nothing so distinctly marks the well-bred man as quiet waiting on such occasions; passion proves the puppy.

Do not allow yourself to converse in a tone loud enough to be heard by a person two or three seats from you; it is the mark of a boor if in a man, and of want of refinement and lady-like delicacy, if in a woman. A gentleman is not noisy; ladies are serene.

Comply cheerfully and gracefully with the customs of the conveyances in which you travel, and of the places where you stop.

Respect yourself by exhibiting the manners of a gentleman and a lady, if you wish to be treated as such, and then you will receive the respect of others.

Travel is a great leveller; take the position which others assign you from your conduct rather than from your pretensions.—*Hall's Journal of Health.*

LONGEVITY.

The following curious facts are gleaned from a work which has just appeared under the title of "*De la Longévité Humaine*," by Dr. Guyétant, who has himself reached the patriarchal age of eighty-eight.

In 1777 the average life in France did not exceed twenty-three years. In 1798 it had risen to twenty-six years and three months. In 1836 it was thirty-three years, and at present it has reached the very high figure of thirty nine, an increase of six years within a period of twenty-eight years. This is evidently owing, first, to the great efforts made of late to remove unsalubrious nuisances, to provide towns with a proper system of sewerage, to drain marshes, etc., and then the great progress made in medicine, and the abundance of wholesome food and every necessary comfort now at the command of all but the hopelessly indigent, who are of themselves the object of much greater solicitude than formerly.—*Med. and Surg. Journal.*

WEAK VISION IN THE AGED.—In the case of aged persons whose sight is becoming enfeebled, and requires the aid of convex glasses, great advantage is derived, supposing no nervous lesion to exist, from painting every evening the eyelids and brow with laudanum, and allowing this to remain all night. So says Prof. Nascar, of Naples.

EPILEPSY, AND THE ADMINISTRATION OF BROMIDE OF POTASSIUM.

By G. GODDARD ROGERS, M. D.,

Physician to the West London Hospital, and late Medical Registrar to St. George's Hospital.

A very interesting paper on the above subject, from the pen of Dr. M'Donnell, was published in the *Dublin Quarterly Review* of February last. It fell under my notice in May, when I was about to give a record of considerable success in the treatment of a case where, all other remedies having failed, I had been for a considerable time trying the bromide of potassium. After reading Dr. M'Donnell's observations, I determined to give the medicine a few months' longer trial before venturing to speak with any confidence as to its efficacy. To my own mind it is satisfactory that so long a time elapsed between the publication of Dr. M'Donnell's paper and my perusal of it. I came to the treatment of the patient mentioned below with an unbiased mind, and with a feeling that I had undertaken an almost hopeless task. I was, however, gratified by a measure of success, and strengthened in my belief that good results were to be obtained from bromide of potassium in certain forms of epilepsy, when my attention was directed to the above mentioned able article. I may just observe that I have given the drug to other epileptic female patients at the hospital with good effect, but the case I now append is the only one I have been able to watch for a prolonged term. Doubtless we are treading on soft ground if, for the present, we adopt Dr. M'Donnell's view, that "each case of epilepsy is in itself a study;" but I trust that ere long so many individual cases will have been observed of epilepsy connected with derangement of the female genital organs, as to enable us to form a group or groups of these affections amenable in a large percentage to a special remedy, even though we may in the present state of our knowledge only rudely conjecture its mode of action. With all deference, I beg leave to suggest that during a certain period—say from January, 1865, to March, inclusive—the various hospital physicians in this metropolis use the bromide of potassium in all cases of epilepsy where there is any rea-

son for regarding uterine disorder as the source of the complaint. If no good result follow, yet no great harm can accrue, and at all events we shall have cleared away an untenable theory. There is true wisdom in the remark of M. Ponchet: "Every idea *à priori*, every hypothesis, is only good, if we accept it with a strong determination of abandoning it if the facts are no longer explicable by its means. Without this, its influence is disastrous."

Case 1. R. B——, aged thirty-four, married, with two children, the youngest eleven years old, first came under treatment at the West London Hospital in May, 1861. About six months after marriage she miscarried, and had for three weeks frequent attacks of syncope, followed a few weeks later by a convulsive seizure, during which she lost her consciousness. She does not remember being told afterwards whether she foamed at the mouth or bit her tongue. These attacks were few in number for some years; but she often had "fainting fits" and "sighing fits," during which she "felt lost"—(*petit mal*?)

In the early part of 1861 the fits recurred more frequently; so that she was obliged to give up her employment as occasional nurse. Feeling low spirited, and despairing of aiding her family, she came to the hospital. She was rather below the middle height, of florid complexion, with a wild staring expression, and very excitable manner. The heart's action was somewhat feeble, the breathing tranquil, and the bowels apt to be somewhat relaxed. Pressure of the crowd in the waiting room, or the anxious struggle to be amongst the first served with medicine after seeing the physician, would sometimes bring on a seizure. One I particularly remember was most violent, and lasted a long time. Although the true fits, or, as she always termed them, the "struggling fits," were principally confined to the pre-menstrual or post-menstrual epochs, yet they occasionally followed coition, as I learned from the husband, who, by the way, has been a noted pedestrian in sporting circles during the past twelve years.

I first gave turpentine and castor-oil draughts; but no worms were dislodged. Bichloride of mercury with bark was next tried; and remembering that valerian had been mentioned by some authorities as putting in a claim for approval, I tried it in many forms—infusion, ammoniated tincture, valerianate of iron, of zinc, and of quinine. Dr. Duncan Gibb, who was about that time my colleague, had been giving the bromide of ammonium to allay irritability and decrease sensi-

bility of the larynx and pharynx prior to using the laryngoscope. Thinking the same drug might act beneficially on the mucous lining of the uterine organs, I administered it freely to my patient; but with no good effect. The same was the case with iodide of potassium; and I then accidentally refreshed my memory by reading Sir C. Locock's paper on the bromide.

From the 21st of November, 1862, to the 3rd December, R. B—— took bromide of potassium in four-grain doses three times a day, with compound tincture of valerian. Between these dates she had two fits of a mild character. The medicine was intermitted until the 9th, when she came in great distress, saying that she was suffering from severe flooding, and had had several violent fits, on one occasion nearly falling into the fire. She was ordered to resume the medicine.

Jan. 2nd, 1863.—To leave off the tincture of valerian, and take ten grains of the bromide in water three times a day.

8th.—Two severe attacks.

16th.—No seizure since last entry.

She now took quinine and ammonia up to March 6th. The seizures were very frequent during a portion of this time, and she suffered severely from menorrhagia.

From the 13th March to 12th May, she took ten grains of bromide three times a day, and much improved. In fact, she relied solely on the medicine, and declared that the fits would return directly she left it off. To test this statement, during the latter half of July, I merely prescribed a placebo of aromatic water; but so great was her distress that she implored me to allow her to resume the original medicine, and during August and September she took fifteen grains of the bromide three times a day. I afterwards increased the dose to a scruple. Beyond this dose I never found occasion to go with the patient, and, from my experience in other cases with larger doses, I am compelled to differ with Dr. M'Donnell when he says that ten grains three times a day is "too small a dose to develop any good result."

In January, 1864, I discharged my patient, she not having experienced a severe fit, or one of the *petit mal* description, for more than three months. She resumed her former work of nursing, and I saw nothing more of her until the 10th of June last, when she came to me complaining of vertigo and "fullness about the throat," the "choking aura," which was the sure precursor of a seizure at a menstrual period. Two

days later the seizure occurred, but it was of a very mild type. I kept her on scruple doses of the bromide up to the 15th of July, seeing her during this time on six occasions. She remained quite free from attacks up to the time of her dismissal in July, and on the 3rd November, I heard that her good health had been uninterrupted. I do not mean to say that she is cured; but in 1861 and 1862, her life was a burden in consequence of frequent attacks, and from these she has enjoyed an immunity for three, four, or five months.


Systematic writers on *materia medica* have dwelt much on the anaphrodisiac influence of bromide of potassium. I do not think its beneficial influence is to be looked for in a simple lowering of the sexual power. When that power is unduly drawn upon, a degree of irritation is produced which the bromide may calm. But in the case above related, I had the fullest opportunities of learning from the husband that there never had been any diminution in his wife's *empressement*. And to arrive at greater certainty, the husband coming under my care for some trivial ailment during his wife's attendance at the hospital, I took the opportunity of administering the bromide of potassium to him in fifteen and twenty grain doses three times a day. The information supplied after the lapse of a month satisfied me that here, at all events, the depressing propriety of the drug was *nil*. Where there is irritation and frequent priapism, the result of onanism or venereal excess, and where there is every reason to conjecture that such irritation is at the bottom of the epileptic seizures, then the bromide of potassium is, I think, of service. Dr. M'Donnell has promised us some further observations, which it is probable will throw still more light on this important subject.

As confirmatory of the conjecture hazarded above respecting epilepsy in the male subject, I add a few notes of an hospital case, which will bring this paper to an end.

Case 2. E. B—, aged sixteen, came to the West London Hospital in June last. His appearance is heavy, he complains of loss of memory, is partially deaf, and the pupils are much dilated. At twelve years of age, when working in a gun factory, he contracted bad habits, which he has continued to indulge up to the present time. Sometimes he has practised self abuse three and four times a day. The bowels are costive, and there is a feeling of weight at the vertex. Before he was thirteen years of age he had several fits, which his friends describe to me as most severe, his struggles being

extremely violent, and his tongue often bitten through. There was an intermission of eighteen months, followed by a fresh series of fits; and he then went to Salisbury Infirmary. The change of air and the medical treatment effected but little good; and when he returned to London he had "twitchings of the face, and fits almost every day. In June and July he was under my care, and I gave him the bromide three times a day in doses gradually increased to twenty-five grains. The attacks gradually became less frequent, and he was entirely free from them all through August. On the 2nd of September his friends brought him again, as he had suffered from a slight fit during the night. I resumed the bromide; and, after taking it a fortnight, he felt better, and had no "twitchings" and no sign of a fit. Up to the present date, (Nov. 21,) this lad has had no further seizures; and I think it reasonable to regard his improvement as due to the influence of the drug, coupled with obedience to my enjoining a strict abstinence from vicious habits.

Grosvenor street, Grosvenor square.

 Dr. E. L. Holmes, Chairman of the Committee on Ophthalmology, Illinois State Medical Society, has called our attention to the fact, that his remarks upon pressure in conjunctivitis, and the use of the muriate of ammonia in iritis, were not included in his Report, as stated in the published transactions of the recent meeting of the Society, but were made informally; full credit for their introduction into use in this country being accorded to Surgeon J. S. Hildreth, of the U. S. Ophthalmic Hospital, Chicago.

EDITORIAL AND MISCELLANEOUS.

AN EXAMPLE WORTHY OF IMITATION.

The Chicago *Republican*, edited by the Hon. C. A. Dana, well known as one of the former editors of the New York *Tribune*, and more recently as Assistant Secretary of War, in the sixth number of its first volume, contains the following praiseworthy announcement :

"IMPROPER ADVERTISEMENTS—*An Effort to Abate an Offence Against Morality and Public Decency.*—After a careful examination of a certain class of advertisements that, we regret to say, have, for the past few numbers, in imitation of a large portion of the secular press, been published in our paper, the publisher has to-day issued an order that hereafter not one single column or line of matter shall be printed upon the pages of the *Republican* as an advertisement, or otherwise, that cannot be perused without a blush by the most refined and sensitive reader.

In adopting this course we appeal to the moral sense of the community for approval and support.

The advertisements that now crowd the "Special Notice" column of our papers are a stench and an abomination in the nostrils of all decent men, and ought to debar the paper that contains them from admission within the pure and sacred precincts of the family circle.

The foul pollution that springs from social crimes should flow off through the deepest and darkest sewers, and not be permitted to run through every public hall and private room and upon the surface of every public avenue. By thus excluding this noxious class of advertisements from the columns of the *Republican* we may diminish somewhat its revenues, but will at least have the satisfaction of printing a paper that can be read without offence by every moral and religious member of society."

Our attention being in this way called to the subject, we have looked over the secular press of this city more attentively

than before, the better to judge of the character of what the *Republican* has determined to exclude; and we will say, we were seldom more surprised than when we read the obscene, disgusting and immoral advertisements that papers claiming to be respectable place conspicuously in their columns. Not to speak of the taste and propriety—what shall we say of the morality—of permitting any of either sex, but especially the young, and the pure-minded females of Chicago, to read the loathsome details found in the advertisements under such heads as “The Key to Love,” “Highly important to Married People,” “Philosophy of Marriage,” “The Young Man’s Friend”—the filthy advertisements of those who treat private diseases, and of medicines to re-establish suppressed menstruation, accompanied with an italicized caution to ladies not to use them when there is any suspicion of pregnancy, as they will be sure to produce abortion. Persons thus advertising are known by the conductors of these periodicals to be charlatans and imposters—such medicines are known to be advertised as agents for producing abortion, and yet the spirit of avarice, the greed to add lot to lot and house to house, gives them place. We have known death to follow as the result of using these advertised agents of abortion, and can we hold those who give currency to the advertisement, influenced only by venal motives, as guiltless of the crime? They have no shelter under the published caution against such use of the medicines. As well might one who should furnish something known to be designed for murder or suicide, hope to escape complicity in guilt by labeling the substance poison.

If a sense of propriety, morality and right will not restrain this class of papers, the community should appeal to their pecuniary sensibilities, and demand that such revolting matters should be excluded from their pages, or expel them from the abodes of virtue, to the brothels for which they would seem designed, and where they might be read, if not with approval, at least without a blush.

AMERICAN MEDICAL ASSOCIATION—SIXTEENTH ANNUAL CONVENTION.

We are indebted to the *Boston Medical and Surgical Journal* of June 15th for the following report of the meeting of the American Medical Association:

PROCEEDINGS OF TUESDAY, THE FIRST DAY.

The American Medical Association began its sixteenth annual convention at the State House, Boston, in the Hall of the House of Representatives, on Tuesday, the 6th instant. A large number of delegates and members were present, occupying the entire floor of the hall, while the galleries were occupied by spectators. The officers of the convention were as follows:

President—N. S. Davis, M. D., of Illinois.

Vice Presidents—Wm. H. Murray, M. D., of Ohio; Worthington Hooker, M. D., of Connecticut; William Whelan, M. D., of District of Columbia; J. E. B. Heintze, M. D., of Maryland.

Secretary—William B. Atkinson, M. D., of Philadelphia.

Assistant Secretary—Horatio R. Storer, M. D., of Boston.

Treasurer—Caspar Wister, M. D., of Philadelphia.

At about half-past ten o'clock, the Convention was called to order, and prayer was offered by Rev. Dr. Lothrop, after which Dr. Henry J. Bigelow, of this city, delivered the address of welcome.

At the close of Dr. Bigelow's address, the roll of registered members was read by the Secretary.

The President then proceeded to deliver the annual address, and a copy of it was requested for publication.

The President read a communication from Mayor Lincoln, inviting the members of the Association to an excursion down the harbor of Boston to-morrow. It was unanimously voted to accept the invitation.

Papers and reports from special committees appointed or continued at the last session, being next in order, were called for, and the following were presented:

On Insanity—Report by Dr. H. R. Storer, of Boston. Referred to the Section on Practical Medicine and Obstetrics.

On the Relations of Electricity to the Causes of Disease—Paper from Dr. Littell, of Pennsylvania. Referred to the Section on Practical Medicine and Obstetrics.

On Climatology and Epidemic Diseases of California—Reports by Drs. Logan of California, and B. H. Catlin, of Connecticut. Referred to the Section on Meteorology and Epidemics.

On Alcohol and its Relations to Man—Report by Dr. G. E. Morgan, of New York. Referred to the Section on Practical Medicine and Obstetrics.

On Autopsies and their Relations to Medical Jurisprudence—Report by Dr. T. C. Fennell, of New York. Referred to the Section on Medical Jurisprudence.

On the Introduction of Disease by Commerce, and the Means of its Prevention—Report by Dr. A. N. Bell, of Brooklyn, N. Y. Referred to the Section embracing Hygiene.

On Excisions and their Relation to Conservative Surgery—Papers by Dr. Tewksbury, of Iowa, and Dr. Lyon. Referred to the Section on Surgery.

On Specialists and Specialties—The Committee were requested to report on Wednesday morning at 9 o'clock.

On the Rank of Medical Corps in the Army—Report by Dr. Tripler, U. S. A. Referred to the general session of Wednesday.

On the Rank of Medical Corps in the Navy—Report by Drs. Anderson, of New York, and others. Referred to the general session of Wednesday.

On Smallpox—Papers by Drs. Ramsey, of New York, and Nebinger, of Philadelphia. Referred to the Section on Hygiene.

Volunteer communications were then called for, and the following papers were presented :

On Ophthalmology—By Dr. Williams, of Cincinnati. Referred to the Section on Surgery.

Extraction of Foreign Bodies from the Ear and Nose—By Dr. Turnbull, of Philadelphia. Referred to the Section on Surgery.

On Staphylococci—By Dr. J. Mason Warren, of Boston. To be read at 3 o'clock P. M., on the 7th, at the Medical College.

On Surgery—By Dr. Henry J. Bigelow, of Boston. To be read at the Medical College at 4 P. M., of the 7th.

On the Functions of the Nerve of Sensation and Motion—By Dr. Haskell, of Rockport. Referred to the Section on Anatomy and Physiology.

On Dislocations of the Clavicle—By Dr. Holton. Referred to the Section on Surgery.

Dr. W. Marsden, President of the College of Physicians and Surgeons of Lower Canada, was introduced and made a brief address.

It was voted that a committee to nominate officers, consisting of one from each State, be appointed by the various delegations.

At fifteen minutes before two o'clock the Convention adjourned.

In the afternoon the several sections organized by the choice of chairmen and secretaries, and proceeded to the consideration of the reports and papers referred to them.

Soiree and Promenade Concert at the Music Hall.—In the evening the members of the Convention attended a soiree at the Music Hall, tendered to them by their professional brethren of Boston, and a few hours were most agreeably spent in social intercourse.

PROCEEDINGS OF THE SECOND DAY.

The second day's session of the Association was opened at 8:20 A. M., by the President, Dr. N. S. Davis, of Chicago.

Permission was given the committee on nominations to retire for consultation at 9 o'clock. The roll of the additional delegates registered since yesterday's session of the Association was read by the Secretary. The number present was then announced to be 468.

Dr. Cox, of Maryland, offered a preamble and resolution, which were amended and adopted in the following form :

Whereas, Montrose A. Pallen, whose name appears upon the register as a permanent member of this Association, has been declared, under oath, before the military commission sitting at Washington at this date, to have been in complicity with an attempt to poison the Croton Reservoir, by which the city of New York is supplied with water—thus imperilling the lives of thousands of his fellow-citizens, therefore

Resolved, That the said Montrose A. Pallen has disgraced his manhood and the humane profession of which he is an unworthy member—that he is hereby indignantly expelled from this body—that the Secretary be required to strike his name from the roll of members.

Dr. Ordway, of Boston, subsequently presented a remonstrance, signed by about thirty members, against the action of the Association. Upon which a committee of three was appointed to prepare an answer to the paper. This committee made an elaborate report, sustaining the action of the Association.

It was voted that the final meeting of the Association shall begin on Friday morning at 9 o'clock.

A series of resolutions, offered by Dr. Garrison, of New York, of respect to the memory of the late Dr. Valentine Mott, were adopted by the Society.

On motion of Dr. Catlin, of Connecticut, a committee was appointed to prepare suitable resolutions on the death of Dr. Jonathan Knight, Dr. Benjamin Silliman, and Dr. Charles Hooker.

Reports and papers from special and other committees were next in order, and the following were presented :

On the Rank of Medical Corps in the Army—Report by Dr. T. J. P. U. S. A. Accepted and adopted. On motion of Dr. Cox, of Maryland, a resolution was adopted that the committee be continued, and that each member of this Association use his personal effort with members of Congress to secure a more elevated grade for the entire medical corps in the Army.

On motion, it was voted that the report of the committee and the subject discussed therein be presented to the next Congress by the President of this Association.

On the Rank of Medical Corps in the Navy—Report by Dr. James Anderson, of New York, read by the Secretary. Accepted and adopted.

On motion, it was resolved that the committee be continued, and that the same course be taken with this report by the President as was voted to be taken with the report from the medical corps in the Army.

The report of the Committee on Publication was submitted by Dr. F. G. Smith. Appended to the report was a resolution authorizing the committee to invite each member to contribute such additional sum as will enable them to defray the expense of publishing the forthcoming report, provided the amount in the hands of the treasurer shall prove to be insufficient for the purpose.

The report of the Committee on Prize Essays was submitted by Dr. D. H. Storer, of Boston. It was announced that a prize had been awarded to the author of the dissertation on the "Surgical Treatment of Morbid Growths in the Larynx, bearing the motto "*quod vidi scripsi*." On opening the envelope bearing the corresponding inscription, the author was announced to be Dr. Louis Elsberg, of New York.

The premium offered at the last annual meeting for "the best short and comprehensive tract calculated for circulation among females," on Criminal Abortions, was awarded to Dr. H. R. Storer, of Boston.

The Report on Medical Education was submitted by Dr. Antisell. Referred to the Committee on Publication.

The Report of the Treasurer was submitted, showing the amount in the treasury to be \$301.95.

A paper on "Compulsory Vaccination" was referred to the Committee on Medical Jurisprudence.

The report of the Committee on Revision of the Constitution was submitted by the President of the Association, Dr. Parsons, occupying the chair temporarily. The report was accepted and adopted, and the thanks of the Association were voted to the Committee for the satisfactory manner in which they had discharged their duty.

The report of the Committee on Necrology was submitted without reading, and referred to the Committee on Publication.

The Nominating Committee reported a resolution that the several sections shall select the subjects germane to their organizations, and also appoint the committees thereon.

Dr. Toner, of Washington, offered an amendment to the Constitution, that delegates on registering their names shall pay the sum of \$5.00, and permanent members, \$3.00. The amendment, according to the Constitution, lies over until next year.

The Committee on Nominations, through their chairman, reported that they had decided upon Cincinnati, Ohio, as the next place of meeting of the Association. Dr. Cox, of Maryland, offered an amendment, substituting Baltimore, Md., for Cincinnati, Ohio. A spirited debate followed, and at length the motion to amend was carried, and Baltimore decided upon as the next place of meeting.

A committee was appointed to draw up a series of resolutions on the death of Dr. S. D. Willard, late Secretary of the New York State Medical Society, and also to prepare a short biographical sketch of his life, both to be submitted to the Committee on Necrology.

The Association adjourned at 2 o'clock.

PROCEEDINGS OF THE THIRD DAY.

The Convention was called to order at 8½ A. M., by the President.

On motion of Dr. Burns, of Pennsylvania, a resolution was adopted requesting the sections or committees to which papers had been referred, to use special judgment and discretion in assigning such papers to the sections to which they properly belong, and in selecting such as they may consider worthy of publication.

On motion of Dr. Mayburry, of Pennsylvania, it was

Resolved, That the Permanent Secretary be instructed to prefix to the List of Officers and Permanent Members, a list of Ex-Presidents and Ex-Vice Presidents of the Association.

Dr. Jarvis, of Dorchester, inquired concerning the functions of the Committee on Publication. A discussion on this question followed, in which the President, Drs. Jarvis, Sayre of New York, Tripler and Hillard participated. By a vote of 45 to 37, a resolution was adopted giving the committee discriminating power.

On motion of Dr. Jarvis, of Dorchester, it was voted to establish a section on Psychology.

Dr. Garrish, of New York, moved that a section on Ophthalmic Medicine be established.

D. Twitchell, of New Hampshire, favored it. Dr. Williams, of Cincinnati, also favored the establishment of such a section, as there was need for thorough investigation of a science which had in the past ten years become, as it were, new, all the old landmarks having been swept away. The motion was opposed by Dr. Burns, of Pennsylvania, Dr. A. H. Stevens, of New York, and others. It was finally rejected.

On motion of Dr. Hibberd, of Indiana, the section on Anatomy and Physiology was abolished, the subject of Anatomy being assigned to the surgical section, and that of Physiology to the section on hygiene.

A resolution was offered by Dr. Conper, of Delaware, and read by Dr. Tripler, of the United States Army, that this Society send a delegate annually to the convention of medical superintendents of insane establishments, and that efforts be made to cause a more intimate relation between the two organizations; the delegate to be selected by the President. Amendments to the Constitution, to be acted upon at the next annual meeting, were offered in relation to permanent members, delegates from local societies, and members by invitation.

The Committee on Nomination reported that the time of the next meeting shall be in June, and submitted the following list of officers:

President, Dr. D. H. Storer, of Massachusetts; *Vice-Presidents*, Drs. James F. Hibberd, of Indiana; S. O. Almy, of Ohio; T. C. Dunn, of Rhode Island; W. P. Johnson, of the District of Columbia; *Assistant Secretary*, Dr. J. E. Morgan, of Maryland.

Committee on Arrangements, Dr. C. C. Cox, W. C. Van Bibler, Franklin Douelson, L. H. Steiner, George G. Miltenberger, William Whitridge, J. E. Morgan, all of Baltimore.

Committee on Publication, Drs. F. G. Smith, of Pennsylvania; H. F. Askew, of Delaware; William Mayburry, of Pennsylvania; W. B. Atkinson, of Pennsylvania; H. R. Storer, of Massachusetts; Caspar Wister, of Pennsylvania.

Committee on Prize Essays, Drs. Austin Flint, senior, James R. Wood, Edsworth Elliot, E. Krackowitzer, D. C. Enos, all of New York.

Committee on Medical Education, Drs. S. D. Cross, of Pennsylvania; G. P. Twitchell, of New Hampshire; C. A. Pope, of Missouri; O. W. Holmer, of Massachusetts; Graf on Tyler, of District of Columbia.

Medical Literature (present committee continued over), Dr. Charles A. Lee, of New York; T. F. Rochester, of New York; C. C. Cox, of Maryland; Albert Smith, of New Hampshire; A. Nebinger, of Pennsylvania.

Committee on American Necrology, Drs. C. C. Cox, of Maryland; E. B. Stevens, of Ohio; W. F. Peck, of Iowa; H. Van Dusen, of Wisconsin; Noble Young, of the District of Columbia; Josiah Simpson, of the United States Army; J. C. Weston, of Maine; Henry Bronson, of Connecticut; Henry Noble, of Illinois; Charles Eversfield, of the United States Navy; William B. Fletcher, of Indiana; I. C. Hupp, of Western Virginia; J. Mauran, of Rhode Island; William K. Bowling, of Tennessee; J. P. Fitch, of New Hampshire; James Couper, of Delaware; W. L. Linton, of Missouri; Chas. L. Allen, of Vermont; H. G. Clark, of Massachusetts; J. H. Griscom, of New York; E. M. Moore, of New York; Charles A. Logan, of Kansas; William B. Little, of California; Stuart, of Minnesota; Henry Miller, of Kentucky; S. G. Armor, of Michigan; William Pierson, of New York; Fleming, of Pennsylvania; E. Wallace, of Pennsylvania.

The report was adopted as a whole, with the exception of the time of holding the next annual meeting. It was voted to meet on the first Tuesday in May, 1866, instead of June.

Dr. Hooker, of Connecticut, from a special committee, reported the following resolutions on the death of Dr. Knight, Dr. Charles Hooker and Dr. Benjamin Silliman, all of Connecticut. The report was accepted and the resolutions adopted.

Resolved, That in the death of Dr. Jonathan Knight, twice a President of this Association, the duties of which office he discharged with extraordinary ability, the Medical Profession has lost one of its brightest ornaments; an eminent Surgeon who was conservative in the true sense of that term; a teacher, who by his transparent clearness and terse eloquence, unsurpassed among medical men in this country, exerted through fifty years a wide influence upon the character of the American medical mind; a Christian gentleman, whose genial qualities won for him, to an extent seldom witnessed, the affections not only of intimate friends, but of all those who knew him.

Resolved, That in lamenting the sudden departure from this life of Dr. Charles Hooker, at the height of his usefulness, we cherish the memory of one whose independent mind, restless activity of Christian faithfulness obtained for him great eminence, both as a physician and a teacher of medicine; and we call to mind with special pleasure his earnest devotion from the outset to the interests of this Association.

Resolved, That we revere the memory of Professor Benjamin Silliman, who, as a leader in the diffusion of science in this country, and in other countries also, was one of the great benefactors of the race, and who by his urbanity, kindness of heart, and cheerful piety, enhanced to an uncommon degree his influence upon the community as a man of science.

Dr. Farman, of New York, presented resolutions adopted by the State Medical Society of New York, and referred to the National Medical Society, against newspaper advertising, except merely the card of the physician. The resolutions were laid on the table, to be taken up after the reading of the report of the committee on specialties and specialists, which was specially assigned for this time.

Dr. Julius Homberger, of New York, chairman of the committee on specialties and specialists, presented an elaborate individual report favoring advertising by specialists and opposing the same course by general practitioners. The report was laid upon the table for the present, and a second report was submitted by Dr. H. R. Storer, of Boston, also a member of the committee, defending specialists, placing them in a high position. He presented strong arguments concerning the benefits and advantages of special investigations both to practitioner and patient.

Dr. D. Humphreys Storer spoke concerning a passage in the report relating to himself, denying that he was ever a specialist, though he did not object to any person being a specialist. Dr. H. R. Storer, in reply, defended his own ground. The report was laid upon the table temporarily.

Dr. W. Hooker, of Connecticut, another member of the committee, reported that he had not had sufficient time to

investigate the report of Dr. Homberger, and therefore could not give an opinion concerning it. With the report of Dr. H. R. Storer he could not entirely agree, especially in that part of the report which referred to specialists as the leaders of the profession.

The reports were then taken from the table for consideration.

Dr. Martin made a motion that the reports be referred back to the committee for consideration another year, and supported his motion at some length.

Dr. Bissell, of New York, moved to amend the previous motion, and moved that the reports be referred to the committee on medical ethics.

Dr. Toner, of Washington, criticized the reports in a severe manner.

Dr. Homberger, of New York, defended his position, and stated as the reason why he did not send his report to the other members of the committee at an earlier date, that he knew they would not agree with him and would not sign it. His remarks were not received very favorably by the members.

Dr. Mayburry, of Pennsylvania, favored strongly the referring of the reports to the committee on medical ethics.

The question was then taken on referring the reports to the committee on ethics, and decided in the affirmative. On motion of Dr. Twitchell, of New Hampshire, the committee on ethics was instructed to report some definite action on this subject.

The Convention adjourned at half past twelve o'clock.

The afternoon was devoted to an excursion down the Harbor to Deer Island and Fort Warren. The company disembarked on Long Island, where a collation was served; after which speeches, by His Honor the Mayor and members of the Association, were made.

PROCEEDINGS OF THE FOURTH DAY.

The Association was called to order at nine o'clock by the President. Reports from sections were received and appropriately referred, and it was voted that such bills as might be presented therein should be paid by the treasurer of the Association. After the transaction of some unimportant business, Drs. Leidy, F. G. Smith and H. Hartshorn were appointed a committee on the paper of Dr. Colt, on "the microscope."

At this point, His Excellency the Governor of the Commonwealth, preceded by the Sergeant-at-Arms, and accompanied by Assistant Surgeon General Hooker, entered the hall, and was received by the Association, the members rising in their seats.

A special committee on insanity was appointed, consisting of Drs. Alfred Hitchcock, of Massachusetts; Isaac Ray, of Rhode Island; S. H. Tewksbury, of Maine; B. F. Barker, of New York; and J. S. Butler, of Connecticut.

The Secretary read the following resolution offered by Dr. Garrison, of New York:

Resolved, That the American Medical Association, with heartfelt and national pride, extend to the Army and Navy Surgeons their thanks for the prompt manner in which they have met the calls and perils of the battlefield, demanded by our country.

Resolved, That we tender to the families and friends of those who have sacrificed their lives in the cause of humanity, our earnest sympathies for the bereavement they have sustained. They have restored to us and the whole nation a peaceful and happy home for all future time.

The resolutions were adopted.

On motion, the duty of revising the list of permanent members for republication was referred to the committee on Medical Necrology.

Dr. Burns, of Pennsylvania, presented the following resolutions, which were unanimously adopted:

Resolved, That the American Medical Association, in closing their annual session in the city of Boston, June 9th, 1866, do most sincerely tender a vote of thanks to their medical brethren, the Governor of Massachusetts, city authorities and inhabitants of Boston, for their very kind and generous hospitalities to the assembled delegates from all parts of our country; and in bidding them farewell we shall ever cherish the remembrance of their kindness, and express the hope that prosperity, with every domestic, social, intellectual and religious blessing, may be their abiding portion.

By Dr. Kennedy, of New York, resolutions were offered as follows:

Resolved, That the thanks of the American Medical Association be and are hereby tendered to His Honor Mayor Lincoln and the authorities of the city of Boston for the kind reception and splendid entertainment given to the Association during their stay in the city.

Resolved, That the thanks of the Association are due, and are hereby presented, to the committee of arrangements of the Association for the faithful and satisfactory manner in which they have discharged the arduous duties imposed upon them.

Resolved, That the thanks of the Association be presented to our President, Dr. N. S. Davis, for the singularly able and impartial manner in which he has discharged the duties of his office.

The following was offered by Dr. VanKleeck, of New York:

Resolved, That this is a National Association, and as, in its earlier days, we enjoyed with pleasure and profit the intercourse of our professional

brothers of all parts of our country, and as the unhappy feud which for four years divided the nation, has now ceased and peace has again come, we trust forever,—so we hope soon again to meet our members and delegates from the South on this platform of fraternization, and to this end we extend to them an earnest invitation and promise them a cordial welcome.

The following by Dr. Bowditch was offered by Dr. Hibberd:

Resolved, That this Association has learned with deep regret that there are fears of famine, and consequent disease and pestilence, occurring in some parts of Georgia and South Carolina, passed over by Gen. Sherman's army in its victorious course.

Resolved, That this Association would urge upon the Sanitary and Christian Commissions to send agents to learn the exact facts, and, if need be, to take prompt and efficient measures to prevent or mitigate such a distressing result.

The following was offered by Dr. Bronson:

Resolved, That the thanks of this Association be and they are hereby tendered to Major John Morrissey, the Sergeant-at-Arms of the Massachusetts Legislature, and his assistants, for the very able and efficient manner in which they have performed the functions of their offices during the sessions of the Association.

The resolutions were all unanimously adopted.

At a quarter past one o'clock, the Convention adjourned to meet on the first Tuesday in May, 1866, in the city of Baltimore.

The annual meeting of the Association of 1865 has been more largely attended than on any previous occasion, six hundred and sixteen members and delegates having registered their names on the books of the committee. It is generally regarded as having been a most interesting and successful Convention.

PROCEEDINGS OF THE DE WITT COUNTY MEDICAL SOCIETY.

Reported by C. GOODBRAKE, M.D., Secretary.

The Society met in annual session at the office of Dr. Madden, in Clinton, on the 3d day of April, the President, Dr. Hunt, in the Chair.

The Secretary being absent, Dr. Goodbrake was appointed Secretary *pro tem*.

The minutes of the last meeting were read and approved. The election of officers being in order, the following gentle-

men were elected for the ensuing year: *President*, Dr. J. H. Tyler; *Vice President*, Dr. Z. H. Madden; *Treasurer*, Dr. J. B. Hunt; *Secretary*, Dr. C. Goodbrake. *Censors*, Dr. J. J. Lake, Dr. W. W. Adams, Dr. Thos. W. Davis.

Delegates to the Illinois State Medical Society—Dr. Benj. S. Lewis, Dr. David W. Edmistan, Dr. Joseph H. Tyler.

Delegates to the American Medical Association—Dr. W. W. Adams and Dr. Christopher Goodbrake.

The President elect, Dr. Tyler, on taking the Chair, made a few very happy remarks upon the importance of keeping up County Medical organizations; and his arguments proved very conclusively that Medical Associations were productive of great benefit, both to the profession and the public.

On motion, Cerebro-Spinal Meningitis was chosen as the subject for discussion at the next meeting.

Drs. Madden and Adams were appointed to write essays to be read at the next meeting.

On motion, the Secretary was ordered to furnish copies of these proceedings to the *Chicago Medical Journal* and the *Chicago Medical Examiner* for publication.

On motion, the Society adjourned to meet in quarterly session at Clinton, on the first Monday of July next.

This was a successful effort to revive the Society, which, since the war, had only met at irregular intervals. But we now look forward again to full and beneficial meetings, such as we were wont to have in days gone by.

Our Society, we believe, can boast of having furnished as large a quota for the service of our country as any other association having no more members. Dr. Evan Richards served two years and six months, and was killed at the battle of Raymond, Miss. He had attained to the rank of Lieutenant Colonel, and was at the time of his death in command of the 20th Ill. Inf. He was a brave soldier, and a "thorough read" and careful practitioner of medicine. In his death this Society lost one of its best members. Dr. B. S. Lewis was a Captain, and commanded a company in the 107th Ill. Inf., until he was compelled to resign on account of physical disability. Dr. Goodbrake served three years and four months as Surgeon of the 20th Ill. Inf., and Surgeons Wright, Ross, R. T. Richards, and Shurtleff are still in the service; but from present indications we have strong hopes that they will soon be permitted to return to their peaceful homes, and rest from their arduous duties in the field. Would it not be grand if they could all meet with us at our meeting in July next?

Rush Medical College,

Nos. 87 and 89 North Dearborn, cor. of Indiana St.,
CHICAGO, ILLINOIS.

The Twenty-Third Annual Course of Lectures will commence on Wednesday, October 4th, 1865. The public Introductory Address will be given at 8 o'clock in the evening of that day, in the lower Lecture Room of the College.

FACULTY.

DANIEL BRAINARD, M. D., PRESIDENT, Professor of Surgery and Clinical Surgery. Office, 45 South Clark Street.

JAMES V. Z. BLANEY, M. D., Professor of Chemistry and Pharmacy.

J. AMES ALLEN, M. D., LL.D., Professor of Principles and Practice of Medicine and Clinical Medicine. Office, N. E. corner of Clark and Washington Streets.

J. W. FREER, M. D., Professor of Physiology and Surgical Pathology. Office, N. W. corner Lake and Clark Streets.

DE LASKIE MILLER, M. D., SECRETARY, Professor of Obstetrics and Diseases of Women and Children. Office, 190 South Clark Street.

EPHRAIM INGALS, M. D., TREASURER, Professor of Materia Medica and Medical Jurisprudence. Office, 190 South Clark Street.

R. L. REA, M. D., Professor of Anatomy. Office, 119 South Clark Street.

E. L. HOLMES, M. D., Lecturer on Diseases of the Eye and Ear. Office, 169 S. Dearborn Street.

I. P. LYNN, M. D., Demonstrator of Anatomy. Office, 119 South Clark Street.

CHARLES KEIL, Janitor.

FEES.

Good board, with rooms, and all the usual accommodations, can be obtained in this city at as reasonable rates as in any part of the country.

Lecture Fees, for the Course,	\$40 00
Matriculation Fee,	5 00
Dissecting Ticket,	5 00
Hospital Ticket,	5 00
Graduation Fee,	20 00

The Alumni of this, and the graduates of other respectable Colleges, will be permitted to attend the whole or any part of the courses of Lectures, by calling on the Secretary and procuring the Matriculation ticket.

For further information, address the Secretary,

DR. DE LASKIE MILLER,

P. O. Drawer 5787.